06905

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1
STREET ADDRESS (If rural, give location): 620 W. Saratoga Street

3. NAME OF DECEASED (Type or Print): (First) ESTELLE (Middle) SHIRLEY (Last) BARKER
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 30, 1891
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Barker
14. MOTHER'S MAIDEN NAME: Mary York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-20-9778
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Jan., 1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer M.D. (Degree or title) — ADDRESS: Henryton, Maryland — DATE SIGNED: 7/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/4/51 — NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem — LOCATION (City, town, or county): Balto. Md. (State): BENNETTSVILLE S.C.

DATE REC'D BY LOCAL REG.: 7/30/51 — REGISTRAR'S SIGNATURE: Albert R. Swanhamer — 24. FUNERAL DIRECTOR: Chas. Glover — ADDRESS: 512 Carrollton Ave Balto 23 Md.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
AUG 2 1951
BUREAU V. S.

06906

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Sykesville
LENGTH OF STAY (in this place) 1 yr. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 613 N. Linwood Avenue

3. NAME OF DECEASED (Type or Print) (First) AUGUSTA (Middle) (Last) BENSEL
4. DATE OF DEATH (Month) July (Day) 7, (Year) 1951 19

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 30, 1890
9. AGE fast birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Bensel
14. MOTHER'S MAIDEN NAME Louisa Lasky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningitis, tuberculous	2 weeks
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis, tuberculous empyema	over 10 yrs.
13b	(c) Miliary tuberculosis	2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional Melancholia — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1950, to 7/7, 1951, that I last saw the deceased alive on 7/7, 1951, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 11, 51
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 7/11/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR John C. Miller Inc. ADDRESS 2435 E. Oliver St.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06907

CERTIFICATE OF DEATH

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine
LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) ELIZABETH (Last) BERRY
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1-22-1896
9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: James Gassaway
14. MOTHER'S MAIDEN NAME: Mary Costley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Haldoll Berry, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 24 hrs

420.1 Antecedent cause(s)

94 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1951, to 7-10, 1951, that I last saw the deceased alive on 7-9, 1951, and that death occurred at 7 50) m., from the causes and on the date stated above.

SIGNATURE: J. W. Hentzler — (Degree or title): M.D. — ADDRESS: Sykesville, Md. — DATE SIGNED: 7-11-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 7-13-1951 — NAME OF CEMETERY OR CREMATORY: White Rock — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: July 12 1951 — REGISTRAR'S SIGNATURE: Edna M. Hewitt

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS

RECEIVED
AUG - 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06908

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Ward Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 15 Ward Avenue

3. NAME OF DECEASED (Type or Print): (First) Heratio (Middle) Levi (Last) Bish

4. DATE OF DEATH: (Month) 7/10/51 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/7/1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm, Retired

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bish

14. MOTHER'S MAIDEN NAME: Leah Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Clarence Stem, Westminster, Md 15 Ward Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset and Death: Indefinite

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obliterative arteriosclerosis legs 1 mo.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1951, to July 10, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 6:40 A m., from the causes and on the date stated above.

SIGNATURE: A. Rees Wilson M.D (Degree or title) ADDRESS Westminster DATE SIGNED 7/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/13/51 | NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery | LOCATION (City, town, or county) (State): Silver Run, Carroll Co, Md.

DATE REC'D BY LOCAL REG. 7/10/51 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: J.W. Little & Son ADDRESS: Littlestown, Pa.

Per. P. A. Little

VS. A16

RECEIVED
JUL 12 1951
BUREAU V. E.

06909

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76 ~~33~~

1. PLACE OF DEATH COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (in this place) 38 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster Road	STREET ADDRESS (If rural give location) Westminster Road

3. NAME OF DECEASED (Type or Print) (First) Roy	(Middle) Wilson	(Last) Bond	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1951	19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 28, 1883	9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster	10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Carroll Co.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Wesley W. Bond			14. MOTHER'S MAIDEN NAME Ida Jane Barrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 217-22-2696	17. INFORMANT Mrs. Paul Leight, Finksburg, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EDEMA	24 HRS.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) ARTERIOSCLEROTIC C. V. DISEASE	18 mos.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1950, to JULY 1, 1951, that I last saw the deceased alive on JULY 1, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	7/1/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 3, 1951	Finksburg Cem.	Finksburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-2-51	Gary B. Eline. Jr. Woodward	J.F. Eline & Sons, Reisterstown, Md.

430636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) K (Last) BUCKINGHAM

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/8/1873

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Legg M.D. ADDRESS Union Bridge DATE SIGNED 7-28-51.

23. BURIAL, CREMATION, REMOVAL (Specify): DATE; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 29/51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS: [illegible]

RECEIVED
JUL 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6911

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Westminster — LENGTH OF STAY (In this place) Visitor	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] 4	STREET ADDRESS (If rural, give location) 1002 [illegible]

3. NAME OF DECEASED (Type or Print)	(First) OSCAR	(Middle) DAVID	(Last) BUTLER	4. DATE OF DEATH	(Month) [illegible] (Day) 14 (Year) 1951
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH Dec. 6 - 1896	9. AGE last birthday 55 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Oscar D. Butler	14. MOTHER'S MAIDEN NAME [illegible]				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 173-03-0617	17. INFORMANT [illegible] Oscar D. Butler			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) [illegible]	[illegible]
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
94 a	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	July 14-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 18, 1951	NAME OF CEMETERY OR CREMATORY St Mary's	LOCATION (City, town, or county) (State) Hampden.
DATE REC'D BY LOCAL REG. 7-16-51	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Paul E. Chenoweth Jr.	ADDRESS 3615-17 Chestnut Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster — LENGTH OF STAY (in this place): 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. 3	STREET ADDRESS (If rural, give location): R.D. 3

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Scott (Last) Calhoun			4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951		
5. SEX: M	6. COLOR OR RACE: a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Sept. 29-1876	9. AGE last birthday: 75 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own farm	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: James Calhoun		14. MOTHER'S MAIDEN NAME: Phoebe Trable			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Maggie Beatty Calhoun Westminster Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	5 yrs
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	5 yrs
73d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950, to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 9:15 P m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Foard	M.D.	Manchester, Md	7/16/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 17-1951	John Luther Willis Fam.	Westminster 3	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/17/51	[signature]	H Bankard & Son Westminster	Md.

RECEIVED
JUL 19 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06913

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Franklin (Last) Carbaugh

4. DATE OF DEATH (Month) July (Day) 18, (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 23, 1897

9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales clerk

10b. KIND OF BUSINESS OR INDUSTRY Retail bakery

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Carbaugh

14. MOTHER'S MAIDEN NAME Hannah Wantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1

16. SOCIAL SECURITY No. 216-07-7151

17. INFORMANT AND ADDRESS Mrs. Grace Carbaugh, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion (Embolus) — 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1951, to July 18, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 8:30 P.M. D.S.T., from the causes and on the date stated above.

SIGNATURE W. P. Bradley Jr. (Degree or title) MD ADDRESS Taneytown, Md. DATE SIGNED 7-19-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/21/51

NAME OF CEMETERY OR CREMATORY Baust Cemetery

LOCATION (City, town, or county) (State) Tyrone, Maryland

DATE REC'D BY LOCAL REG. July 20, 1951

REGISTRAR'S SIGNATURE Ethel M. Mehring

24. FUNERAL DIRECTOR C.O. Fuss & Son, Taneytown, Md. ADDRESS

47 1636

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JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-1

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 4 yr. 5 mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Shumaker Road

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) ELLEN (Last) CAREY
4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7/15/20
9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Wicomico County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Carey
14. MOTHER'S MAIDEN NAME: Ada Disharoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — at least since 1947

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Peptic Ulcer — 3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency, idiot level, on basis of congenital syphilis — life long

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1947, to 7/6/, 1957, that I last saw the deceased alive on 7/6, 1951, and that death occurred at 3:30 P DST m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. D. Sykesville, Maryland 7/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-8-51
NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park
LOCATION (City, town, or county) (State): Wicomico County Md

DATE REC'D BY LOCAL REG.: Friday 7, 1951
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Holloway & Co., Salisbury Md

RECEIVED
JUL 10 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 414

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 3 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30
STREET ADDRESS (If rural, give location): 168 W. Hamburg Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CALEB CLARK
4. DATE OF DEATH (Month) (Day) (Year): July 10 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June, 1, 1910
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Oyster house
11. BIRTHPLACE (State or country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Clark
14. MOTHER'S MAIDEN NAME: Emma Herne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-6097
17. INFORMANT AND ADDRESS: Wife: Mrs. Carrie Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1949

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951 and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauri M.D. (Degree or title) — ADDRESS: HENRYTON, MARYLAND — DATE SIGNED: 7-10-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/15/51 — NAME OF CEMETERY OR CREMATORY: Mt Calvary Ct — LOCATION (City, town, or county) (State): A. A. Co., Md

DATE REC'D BY LOCAL REG.: 7-10-51 — REGISTRAR'S SIGNATURE: Albert A. Swanbhans Deputy Local — 24. FUNERAL DIRECTOR: Isaiah L. Brown — ADDRESS: 108 W. Montgomery St.

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JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) — LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HENRY — (Middle) RICHARD — (Last) COOPER

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: apr 2 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Seattit Lab.

11. BIRTHPLACE (State or foreign country): md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry Cooper

14. MOTHER'S MAIDEN NAME: Diana Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 218-07-9389

17. INFORMANT: Harry Cooper - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Arterio-Sclerotic C-V. Disease	2 3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.C. Portinfield	M.D.	Hampstead Md	7/13/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 15-51	Hampstead	Carroll Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 14 1951	John S. Hughes	Edw Clifton	Hampstead Md

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JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06917

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M — The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15 T

1. PLACE OF DEATH: COUNTY Carroll — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (West Minster) — LENGTH OF STAY (in this place) about 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural give location) 54 Charles St.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) MAY (Last) CROSS

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 11, 1870

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stone Chapel (Cecil Co.) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Myers

14. MOTHER'S MAIDEN NAME: Emmaline Krug

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Grace M. Burgess

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis, Kyphotic Hepatitis

4/27, 2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

73 e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

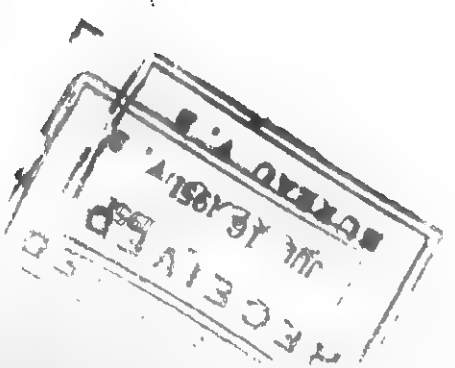
22. I hereby certify that I attended the deceased from Jan 1, 1951, to July 13, 1951, that I last saw the deceased alive on 7-12-51, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. C. Smith MD — ADDRESS: Westminster — DATE SIGNED: Md, 7-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 15/51 — NAME OF CEMETERY OR CREMATORY: West Min. Chapel — LOCATION (City, town, or county) (State): Rural, Westminster Md.

DATE REC'D BY LOCAL REG.: 7/14/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: J. E. Myers — ADDRESS: Jr. West minster Md.



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JUL 16 1951
BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster — LENGTH OF STAY (in this place): Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 31 Fair St.	STREET ADDRESS (If rural, give location): 31 Fair St.

3. NAME OF DECEASED (Type or Print)	(First) Jennie	(Middle) May	(Last) Culver	4. DATE OF DEATH	(Month) July (Day) 26 (Year) 1957
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Sept. 27, 1879	9. AGE last birthday: 74 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Delaware	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: William Taylor		14. MOTHER'S MAIDEN NAME: Miranda Workman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Mr. William A. Culver - 31 Fair St. Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	20 hrs
Antecedent cause(s)	(b) Arteriosclerotic C-V disease	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1957, to July 26, 1957, that I last saw the deceased alive on July 26, 1957, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Marsh	M.D.	Westminster Md.	July 26/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7/30/51	NAME OF CEMETERY OR CREMATORY: Western Cem.	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: 7/27/51	REGISTRAR'S SIGNATURE: A. W. Halush	24. FUNERAL DIRECTOR: Wm. J. Dickner & Sons	ADDRESS: Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06019

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) about 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Willis St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) Willis St.

3. NAME OF DECEASED (Type or Print) (First) ELIZA (Middle) JANE (Last) DELL

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 23 1867
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-servant & Companion
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frizzellsburg Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Dell
14. MOTHER'S MAIDEN NAME Mary Ann Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Edward D. Chaffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Myocardial degeneration~~ Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH 1 days

442 X Antecedent cause(s) (b) Cardio vascular renal disease — 1 yr

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) acute nephritis — 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

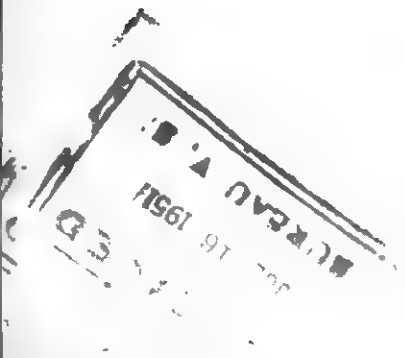
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1942, to July 13 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE E. Reese Wilkens (Degree or title) M.D. ADDRESS Westminster DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 16-51
NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
LOCATION (City, town, or county) Silver Run (State) Carroll Co. Md.

DATE REC'D BY LOCAL REG. 7/14/51
REGISTRAR'S SIGNATURE H. Woodward
24. FUNERAL DIRECTOR J. E. Myers Jr. Westminster, Md. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 77

1. PLACE OF DEATH COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanesville Road	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) MELVIN	(Middle) HENRY	(Last) DELL	4. DATE OF DEATH (Month) JULY	(Day) 29 (Year) 1951
5. SEX	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorce	8. DATE OF BIRTH 6-17-1921	9. AGE last birthday 30 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Mill & Body Works	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Grant Dell	14. MOTHER'S MAIDEN NAME Ida M Wilgire				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT Grant Dell			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
916.0	Immediate cause	(a) SUFFOCATION - 3rd Degree burns	Minutes
180	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) N Finksburg	(COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) July (Day) 29 (Year) 51 (Hour) 3:30 p.m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Overstuffed Chair burned probably from cigarette	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Marsh	Deputy Medical Examiner	Westminster Md	July 24-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 31/51	NAME OF CEMETERY OR CREMATORY Wesley	LOCATION (City, town, or county) Carroll Co (State) Md
DATE REC'D BY LOCAL REG. July 30, 1951	REGISTRAR'S SIGNATURE John S. Hughes	24. FUNERAL DIRECTOR Edwin Clifton	ADDRESS Hampstead Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A14

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sams Creek

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor Rural
STREET ADDRESS (If rural, give location): Edgewood

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) A. (Last) ECKER

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/15/1878
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frederick Ecker
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Elizabeth Ecker, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1/2 hr

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V disease — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to May 6, 1951, that I last saw the deceased alive on May 5, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/9/51
NAME OF CEMETERY OR CREMATORY: Pipe Creek Cem.
LOCATION (City, town, or county) (State): Uniontown Road

DATE REC'D BY LOCAL REG.: July 9/51
REGISTRAR'S SIGNATURE: Emma G. Bennett
24. FUNERAL DIRECTOR: D. D. Hartzler & Sons
ADDRESS: Union Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 31 1951
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06922

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 9/[illegible]/9
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) F. (Last) FAHEY
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1874
9. AGE last birthday 77 ? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Martin Fahey
14. MOTHER'S MAIDEN NAME Sarah Coppinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis and myocardial degeneration. — 3years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type. — 42 years

19a. DATE OF OPERATION ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE) ---
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF 7/17/51 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) Old Frederick Rd (State)

DATE REC'D BY LOCAL REG. 7/16/51 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR [illegible] ADDRESS 1718 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md. — LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown — COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN - Unknown
STREET ADDRESS - (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) Jonas (Middle) H.E. (Last) FLICKINGER
4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-20-73
9. AGE last birthday: 78 yrs. — If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William FLICKINGER
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? — (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT AND ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic interstitial pneumonia — 3 months

5190 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1106 (b) Chronic adhesive pleurisy — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 22 years

19a. DATE OF OPERATION - | 19b. MAJOR FINDINGS OF OPERATION - | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - | (CITY OR TOWN) - | (COUNTY) - | (STATE) -

TIME OF INJURY (Month) - (Day) - (Year) - (Hour) - m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from July 7, 19..., to 7-29, 19 51, that I last saw the deceased alive on 7-29, 19 51, and that death occurred at 805 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Robert H Taylor M.D. — ADDRESS SPRINGFIELD STATE HOSPITAL, SYKESVILLE MD — DATE SIGNED 29 July 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-1-51 — NAME OF CEMETERY OR CREMATORY St Marys Union — LOCATION (City, town, or county) (State): Good Hope, Carroll, Md.

DATE REC'D BY LOCAL REG. July 29, 1951 — REGISTRAR'S SIGNATURE C. Henry Wm — 24. FUNERAL DIRECTOR AND ADDRESS: J.W. Little & Son - Littlestown, Pa.

VS. A15

RECEIVED
1 1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (In this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. Westminster

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN		HEMMIES	July	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	10-26-1923	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fuel Employed by Westminster Airport
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hemmes
14. MOTHER'S MAIDEN NAME: Marie Schmick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WWII U.S. Navy
16. SOCIAL SECURITY NO.: 216-12-2776
17. INFORMANT: Verisa Hemmes Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Accidental burns and suffocation	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) airplane crash	
863,1 / 173	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING) CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Frizellburg — (COUNTY) Carroll — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 - 28 - 51 9 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Airplane crashed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James F Monk — (Degree or title) Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED 7/29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 30-1951	Glen Burnie Cemetery	Glen Burnie	Md.

DATE REC'D BY LOCAL REG. 7/28/51 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Singleton Funeral Home Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 30 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (in this place) Transient	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poole Road	STREET ADDRESS (If rural, give location) 1020 Druid Hill Ave.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) EDWARD	(Last) JONES	4. DATE OF DEATH	(Month) July (Day) 17 (Year) 1951
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-2-1914	9. AGE last birthday 37 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Bowling Alley	11. BIRTHPLACE (State or foreign country) Detroit, Mich.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-09-2062	17. INFORMANT Mrs. Margaret S. Jones 1117 Riggs Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

92 9.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1 2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pool	(CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) July (Day) 17 (Year) 51 (Hour) 10:30 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Drowned in swimming Pool

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	Deputy Medical Examiner	Westminster Md	7/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-20-1951	NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 7-18-51	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Harcourt Funeral Home 1631 Druid Hill Ave.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 1 FilmG134 7/26/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

C926

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt #26 1 mile east Taylorsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mahanoy; STREET ADDRESS (If rural, give location) 113 - E.-Pine Street

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) H. (Last) KLINGMAN

4. DATE OF DEATH: (Month) (Day) (Year) July 20, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Dec. 8, 1907

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S Army

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Rebecca K. Egnan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): In service now

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: 2nd. Army

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushing injuries of head, chest and pelvis

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 C (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN) (COUNTY) (STATE): Route 26, 1 mi. east of Taylorsville

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-20-51 3:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? auto into parked auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R S Fisher MD

ADDRESS: 700 Fleet Street

DATE SIGNED: 7-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: July 22, 1951

NAME OF CEMETERY OR CREMATORY: Water Funeral Home

LOCATION (City, town, or county) (State): 19-E. Mahanoy St. Mahanoy Pa.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Earl B. Wolverton Funeral Home, 403 -E. 25th Street, Baltimore-18, Maryland

VS. A15A

06927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Carroll Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 15 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Laura Shirey Krouse
4. DATE OF DEATH (Month) (Day) (Year): 7 1 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3-28-82
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dillon Weagley
14. MOTHER'S MAIDEN NAME: Shiery ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atypical Pneumonia	18 hrs.
26 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	22 years
61	(c) Senile Psychosis, simple deterioration	16 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul. 28 1950 to July 1, 1951 that I last saw the deceased alive on July 1, 1951 and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE: Walther L. Sonnenfeldt (Degree or title) M.D.
ADDRESS: Springfield State Hosp.
DATE SIGNED: Jul. 1, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 7-1-51
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: July 2, 1951
REGISTRAR'S SIGNATURE: C. Harry Weer
24. FUNERAL DIRECTOR: [illegible]
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

RECEIVED
JUL 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 York St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location) 17 York St.

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) MARK (Last) LOOKINGBILL
4. DATE OF DEATH (Month) 7/26/1951 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7/4/1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY Sewing Factory
11. BIRTHPLACE (State or foreign country) Carroll Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter Lookingbill
14. MOTHER'S MAIDEN NAME Rebecca Blum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George Lookingbill, Taneytown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial Hemorrhage	10 hrs.
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	10 yrs.
93d	(c) General Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis and Myocardial Degeneration Non Rheumatic 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18, 1951, to 7/26, 1951, that I last saw the deceased alive on 6/26, 1951, and that death occurred at 8:15 A. m., from the causes and on the date stated above.

SIGNATURE R. A. McVaugh (Degree or title) M.D. ADDRESS Taneytown, Md. DATE SIGNED 7/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/28/1951
NAME OF CEMETERY OR CREMATORY St. Mary's Union Cem.
LOCATION (City, town, or county) (State) Silver Run, Md

DATE REC'D BY LOCAL REG. July 26, 1951
REGISTRAR'S SIGNATURE Mary B. Mitt, Deputy
24. FUNERAL DIRECTOR J. M. Little & Son, Littlestown Pa.
Per R. A. Little

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

RECEIVED
AUG 21 1951
BUREAU W. S.

RECEIVED
AUG 2 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06929

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll — Sykesville, Md — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sykesville — LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfiled State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 203 N Montford Ave. (probably obsolete) ✓

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) (NO NE) (Last) MANACK
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 29 June 1905
9. AGE last birthday 46 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Manack
14. MOTHER'S MAIDEN NAME Kate Klima

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Brother- Name and address unk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — 7 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Catatonic schizophrenia with mental deficiency — 40 years

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1951, to 25 July 1951, that I last saw the deceased alive on 24 July 1951, and that death occurred at 10:10A m., from the causes and on the date stated above.

SIGNATURE Robert H Taylor M.D. (Degree or title) ROBERT H TAYLOR M.D. — ADDRESS Springfield State Hospital, Sykesville, Maryland — DATE SIGNED 25 July 51

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE THEREOF 7-28-51 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. July 26, 1951 — REGISTRAR'S SIGNATURE C. Harry Weir — 24. FUNERAL DIRECTOR Wm Cook, Inc. — ADDRESS 1217 [illegible] Road St. [illegible] Md.

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00936

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 yr 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 504 N Luzerne ave

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) (Last) Yoah
4. DATE OF DEATH (Month) (Day) (Year) 7 - 13 - 51

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 21-1863
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ferdenand Ferrdegan
14. MOTHER'S MAIDEN NAME Margaret Salzing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Margaret M Yoah

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 da

903,7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture left Femur — 4 days

186a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) July 10 50 3 m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Senile & unsteady slipped on floor

22. I hereby certify that I attended the deceased from Nov 21, 1943, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 11-50 m., from the causes and on the date stated above.

SIGNATURE M. A. Martin M.D. (Degree or title) ADDRESS Sykesville DATE SIGNED July 13/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY 17 1951
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM
LOCATION (City, town, or county) 4430 BELAIR RD (State) MD

DATE REC'D BY LOCAL REG. 7-16-51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Dippel Bros ADDRESS 7110 BELAIR RD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06931

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Antrim Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location): Antrim Street

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) R. (Last) Nusbaum

4. DATE OF DEATH: (Month) 7/9/51 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/16/1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (Housewife)

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Ephriam Yingling

14. MOTHER'S MAIDEN NAME: Barbria Feeser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Weldon R. Nusbaum, Antrim St., Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage, Intracranial	6 days
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Vascular	4 yrs.
83a	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypostatic Pneumonia	3 days

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1951, to 7/9, 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R. A. McVaugh M.D. — Taneytown, Md. — 7/10/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/12/51 — NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery — LOCATION (City, town, or county) (State): Silver Run, Carroll Co, Md.

DATE REC'D BY LOCAL REG.: July 10, 1951 — REGISTRAR'S SIGNATURE: Ethel L. Mehring — 24. FUNERAL DIRECTOR — ADDRESS

J. M. Little & Son — Littlestown, Pa.

Per. R. A. Little

RECEIVED
JUL 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06932

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A13

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) About 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 W. George St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 21 W. George St.

3. NAME OF DECEASED (Type or Print): (First) GERALDINE (Middle) (Last) OHRUM

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Oct. 8. 1901 | 9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator | 10b. KIND OF BUSINESS OR INDUSTRY: Hosiery factory | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm W. Ohrum | 14. MOTHER'S MAIDEN NAME: Nettie Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-18-8460 | 17. INFORMANT AND ADDRESS: Mrs. Winifred O'Connell, Pittsburgh Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency Acute — Interval Between Onset and Death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1 93.2

(b) Hypertensive Cardiovascular Disease — over 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 May, 1950, to 10 July, 1951, that I last saw the deceased alive on 10 July, 1951, and that death occurred at 4:4-A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C Allen Moulton, M.D. Westminster Md 7/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial July 12, 1951 Calvary Cemetery Gamber, Carroll Co. Md.

DATE REC'D BY LOCAL REG. 7/10/51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR | ADDRESS

J. E. Mayer Jr. Westminster Md

4/4

RECEIVED
JUL 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 3/20/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ——
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 3121 St. Paul Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Estey (Last) OSBORN
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: 4/8/77
9. AGE last birthday: 74 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Daniel Osborn
14. MOTHER'S MAIDEN NAME: Annie Akehurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis and myocardial degeneration — more than 4 months.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——

(c) ——

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration. — more than 2 years.

19a. DATE OF OPERATION ——
19b. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ——
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ——
(CITY OR TOWN) ——
(COUNTY) ——
(STATE) ——
TIME OF INJURY (Month) (Day) (Year) (Hour) ——
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from June 12, 1951, to July 18, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M. D. — ADDRESS Sykesville, Maryland — DATE SIGNED 7/19/51

Martin Gross, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/21/51 — NAME OF CEMETERY OR CREMATORY London Park Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 7-20-51 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Wm. J. Fichner & Sons — ADDRESS Balto., Md.

VS: A15

06631

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester (Rural) — LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Joseph Henry Pieroschek.
4. DATE OF DEATH (Month) (Day) (Year): July 9 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 26-1883
9. AGE last birthday: 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anton Pieroschek
14. MOTHER'S MAIDEN NAME: Josephine Ulbright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of [illegible]) Coast Guard
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Joseph Pieroschek, Manchester, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47C (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to July, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 12:25p m., from the causes and on the date stated above.

SIGNATURE: W. H. Foard — (Degree or title): M.D. — ADDRESS: Manchester, Md — DATE SIGNED: 7/9/1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 13/51 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: 7/10/51 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS: 2004 Calvert

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 3/7/41
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN --- Unk -
STREET ADDRESS --- (If rural, give location) Unk -

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Patrick (Last) REARDON
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 3/3/78
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY --- Unk -
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Matthew Reardon
14. MOTHER'S MAIDEN NAME Catherine McGuire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rt lower lobe bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 days

491 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

30g (c) Systemic Syphilis — Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism psychosis — Indefinite

19a. DATE OF OPERATION ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURRED --- While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 2:52 p.m., from the causes and on the date stated above.

SIGNATURE Henry A. Read, M.D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED 7/30/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-2-51
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Balto. Md (State)
DATE REC'D BY LOCAL REG. July 31, 1951
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Mrs Gertrude Kinney - 5646 Parville ave Halethorpe Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREA
RECEIVED
AUG 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06936

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster — LENGTH OF STAY (in this place) 65 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 3	STREET ADDRESS (If rural, give location) R. F. D. # 3

3. NAME OF DECEASED (Type or Print)	(First) Bertie	(Middle) May	(Last) Reese	4. DATE OF DEATH	(Month) July (Day) 9 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec.17,1870	9. AGE last birthday 80 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Carroll County Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Zephaniah Leister		14. MOTHER'S MAIDEN NAME Isabell Galbreth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ----------	17. INFORMANT AND ADDRESS Mrs. Bertha Reese R 3 Westminster, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arterio-sclerotic heart disease	2 yrs
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) marked arterio-sclerosis	3 + yrs
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10 1950, to July 9, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 4 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E Reese Wilkens Westminster 7/10

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 12,1951	NAME OF CEMETERY OR CREMATORY Westminster Cemetery	LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 7/10/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warfieldsburg

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
STREET ADDRESS (If rural, give location): Warfieldsburg

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Paul (Last) Rickell

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 13, 1891

9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dayton, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Rickell

14. MOTHER'S MAIDEN NAME: Mary Kimmey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. Wm. Haines R.1 New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

61 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 6, 1951
NAME OF CEMETERY OR CREMATORY: St. John's Catholic
LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: 7/7/51
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John R. Byers
ADDRESS: Westminster, Md.

VS(A15)

RECEIVED
JUL 9 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

VS. A15-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 7/31/45
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 301 Montgomery Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Leibermann	ROACH	July	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	1/2/80	71 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Washington, D. C.	U.S.A.

13. FATHER'S NAME: William N. Roach
14. MOTHER'S MAIDEN NAME: Mary Leibermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no —	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 15 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral (old) valvular disease — Indef.

(c) Arteriosclerotic heart disease — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis c C.A.S. — "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.	—	—

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Harry Weed M.D. — ADDRESS Sykesville, Maryland — DATE SIGNED 7/31/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	August 2-51	Mt. Olivet Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 6, 1951	C. Harry Weed	Robert H. Stumphrey	Bethesda, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) E.	(Middle) Thornton	(Last) Shoemaker	4. DATE OF DEATH	(Month) July	(Day) 20	(Year) 1951
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 7/28/1882	9. AGE last birthday 68 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinist		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Md			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Oliver T. Shoemaker			14. MOTHER'S MAIDEN NAME Sally Kemper				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Thornton Shoemaker--Taneytown, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma of the stomach	2 months
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46 X5	(b) Gastric ulcer	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1947, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 6:30 PM D.S.T. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	J. M. D.	Taneytown, Md.	7-21-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 23-51	Lutheran	Taneytown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 21, 1951	Thos. M. Mehring	C.O. FUSS & SON	Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

REGISTERED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg — LENGTH OF STAY (in this place): 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Grimes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HENRY — M — SNIDER

4. DATE OF DEATH (Month) (Day) (Year): July 28 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Jan 24-1863
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Rural Mail Carrier
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry Snider
14. MOTHER'S MAIDEN NAME: Catherine Shoffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Ralph Cummins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 8-10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1951, to July 28, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 7:55a m., from the causes and on the date stated above.

SIGNATURE: M. C. Porterfield — (Degree or title): M.D. — ADDRESS: Hampstead, Md — DATE SIGNED: 7/29/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 31/51 — NAME OF CEMETERY OR CREMATORY: Lutheran Cem — LOCATION (City, town, or county) (State): Manchester - Carroll Co Md

DATE REC'D BY LOCAL REG.: 7/3/51 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Edw Tipton — ADDRESS: Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00341

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKinstrys Mills	STREET ADDRESS (If rural, give location) McKinstrys Mills

3. NAME OF DECEASED (Type or Print)	(First) MAYME	(Middle) BEAVERS	(Last) SNYDER	4. DATE OF DEATH	(Month) July (Day) 24 (Year) 1951
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 11/4/1878	9. AGE last birthday 80 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME [illegible]	14. MOTHER'S MAIDEN NAME [illegible]				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If year, give war or dates of service) [illegible]	16. SOCIAL SECURITY NO. [illegible]	17. INFORMANT AND ADDRESS [illegible] Bridge, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Debility

543X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Gastritis

118

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Legg MD — ADDRESS Union Bridge Md — DATE SIGNED 7-25-51

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE 2-7-51	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. July 25, 1951	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06942

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
HOSPITAL OR INSTITUTION OR STREET ADDRESS on Route 32	STREET ADDRESS (If rural, give location) on Route 32

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Edgar	(Last) Spencer	4. DATE OF DEATH	(Month) July (Day) 8 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22, 1877	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Carroll County Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James W. Spencer	14. MOTHER'S MAIDEN NAME Amanda Lockard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ----------	17. INFORMANT AND ADDRESS Mrs. John E. Spencer Gamber, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Disease	8 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Vascular Disease	3 years.
94a	(c) —	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1948, to July 8th, 1951, that I last saw the deceased alive on July 7th, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. L. Billingslea, M.D. Westminster, Md. 7-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 11, 1951	NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	LOCATION (City, town, or county) Gamber (State) Md.
DATE REC'D BY LOCAL REG. 7/9/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 11 1958
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00943

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 6.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Westminster
STREET ADDRESS (If rural, give location): Route 6.

3. NAME OF DECEASED (Type or Print): (First) BRINTON (Middle) G (Last) STUBBINS
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-24-1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter RETIRED.
10b. KIND OF BUSINESS OR INDUSTRY: Painter Self Empty.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stubbins
14. MOTHER'S MAIDEN NAME: Amanda Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Raymond Devings.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	minutes
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T Marsh — (Degree or title) Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: July 10/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 7-13-1951
NAME OF CEMETERY OR CREMATORY: PROVIDENCE
LOCATION (City, town, or county): CARROLL Co. (State): MARYLAND.

DATE REC'D BY LOCAL REG.: 7/12/51
REGISTRAR'S SIGNATURE: C Ray Fogle
24. FUNERAL DIRECTOR: C. M. Waltz — ADDRESS: Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

T

RECEIVED
16 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

44

1. PLACE OF DEATH: COUNTY Carroll County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) ------ 5703 Cross Country Blvd

3. NAME OF DECEASED (Type or Print) (First) Roger (Middle) ---- F. (Last) Weeks
4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-17-03
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. G. Weeks
14. MOTHER'S MAIDEN NAME Alice V. Fairbank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. ---
17. INFORMANT AND ADDRESS Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 9 days

441X
107

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency

About 43 yrs.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) ---- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 12, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross M. D.
ADDRESS Sykesville, Md.
DATE SIGNED 7/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/51
NAME OF CEMETERY OR CREMATORY Lorraine Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 7-13-51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) Iona	(Last) Wiggins	4. DATE OF DEATH	(Month) 7	(Day) 2	(Year) 1951
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 4/11/73	9. AGE last birthday 78 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME John Francis Wiggins	14. MOTHER'S MAIDEN NAME Mary Elizabeth Suite						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Springfield State Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	5 yrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 yrs.
	(c) Hypertension	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/15/, 1949, to 7/2/, 1951, that I last saw the deceased alive on 7/2/, 1951, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Sykesville Md.	July 29/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 7/5/51	NAME OF CEMETERY OR CREMATORY LODEN PARK CEM	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 7/3/51	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Chas. R. Towell	ADDRESS 2427 Edmondson Ave

Dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 9mths. 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23,
STREET ADDRESS (If rural, give location) 252 N. Fulton Avenue

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) LEE (Last) WILLIAMS
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 19,1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse's Aid
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Check City, Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ham Ricks
14. MOTHER'S MAIDEN NAME Emma Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 103-24-0861
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH Aug.,1950

002X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct.,13, 1950 to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE Emma P. Lawn (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/18/51
NAME OF CEMETERY OR CREMATORY Mount Auburn
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/14/51
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR Kalie R. William ADDRESS 322 N. Schroeder St.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06947

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Janet (Middle) Graham (Last) Young

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1951

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH 12/7/1872

9. AGE Last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Taylor

14. MOTHER'S MAIDEN NAME Christina Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. Boyd Brown, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 24 hr.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b) Arterio sclerotic C-V disease with hypertension — Years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 20, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 6 a - m., from the causes and on the date stated above.

SIGNATURE James F Hurley (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 7/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/23/51

NAME OF CEMETERY OR CREMATORY Arlington Cemetery

LOCATION (City, town, or county) (State) Delaware County, Penna.

DATE REC'D BY LOCAL REG. July 20, 1951

REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son Taneytown, Md.

VS A15

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06948

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor — LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELIZA (Middle) JANE (Last) ZEPP

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2/4/1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benah Bowerson
14. MOTHER'S MAIDEN NAME: Susannah Baily

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Etheme Bowerson, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

584 x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cholilithiasis - with infection

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1951, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 6.9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. H. Legg M.D. — ADDRESS: Union Bridge — DATE SIGNED: 7-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/26/51 — NAME OF CEMETERY OR CREMATORY: St. James Cem. — LOCATION (City, town, or county) (State): Dennings, Md.

DATE REC'D BY LOCAL REG.: July 25/5 — REGISTRAR'S SIGNATURE: Ernie S Benedict — 24. FUNERAL DIRECTOR: O. D. Haitzler & Sons — ADDRESS: Union Bridge & New Windsor Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1951
BUREAU V. S